

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address)		MC-030
Megan Reeves PO Box 1003 Ibylewildca 92549		To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.
TELEPHONE NO. 951-406-2650 FAX NO. (Optional): E-MAIL ADDRESS (Optional) meganreeves01@gmail.com ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE STREET ADDRESS: 255 East Temple St. Suite T5-134 MAILING ADDRESS: CITY AND ZIP CODE: Los Angeles, 90012 BRANCH NAME: Western Division		FILED CLERK, U.S. DISTRICT COURT December 6, 2022 COURT OF APPEALS CENTRAL DISTRICT OF CALIFORNIA BY: DEPUTY
PLAINTIFF/PETITIONER: Megan Reeves DEFENDANT/RESPONDENT: Riverside County Sheriff's Dept, et al		CASE NUMBER: 5:22-cv-02021-SB-MRW
DECLARATION		

Regarding the need for supplemental income verification, My AGI for year 2021 was \$24,623.00. My AGI for year 2020 was \$10,496.00. On form CV-60, I unintentionally put the approximate average AGI for years 2020 and 2021, instead of the approximate AGI for 2021 alone. My current monthly income from California State Disability is \$640.00. (My rent, alone, is \$750.00.) This is a true statement.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 12/15/2022

Megan Reeves
(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

Attorney for Plaintiff Petitioner Defendant
 Respondent Other (Specify):

Form Approved for Optional Use
Judicial Council of California
MC-030 (Rev. January 1, 2006)

DECLARATION

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PARTY WITHOUT ATTORNEY OR ATTORNEY		STATE BAR NUMBER:	FOR COURT USE ONLY
NAME <u>Megan Reeves</u> FIRM NAME STREET ADDRESS <u>70 Box 1003</u> CITY: <u>Indywild</u> TELEPHONE NO. <u>951-406-0630</u> E-MAIL ADDRESS: <u>meganreeves000@gmail.com</u> ATTORNEY FOR (name):		STATE: <u>CA</u> ZIP CODE: <u>92549</u> FAX NO.:	FL-150
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <u>Riverside</u> STREET ADDRESS <u>255 East Temple Street, suite T3-134</u> MAILING ADDRESS: CITY AND ZIP CODE: <u>Los Angeles, 90012</u> BRANCH NAME: <u>Western Division</u>			
PETITIONER: <u>Megan Reeves</u> RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:			
INCOME AND EXPENSE DECLARATION		CASE NUMBER: <u>5:22-cv-02021-SB-MRW</u>	

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out Social Security numbers).

- Employer: On CA state disability
- Employer's address:
- Employer's phone number:
- Occupation:
- Date job started: 1/30/2022
- If unemployed, date job ended:
- I work about 0 hours per week.
- I get paid \$ 640 gross (before taxes) per month per week per hour.

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. Age and education

- My age is (specify): 35
- I have completed high school or the equivalent: Yes No If no, highest grade completed (specify):
- Number of years of college completed (specify): 0 Degree(s) obtained (specify):
- Number of years of graduate school completed (specify): 0 Degree(s) obtained (specify):
- I have: professional/occupational license(s) (specify):
 vocational training (specify):

3. Tax information

- I last filed taxes for tax year (specify year): 2021
- My tax filing status is single head of household married, filing separately married, filing jointly with (specify name):
- I file state tax returns in California other (specify state):
- I claim the following number of exemptions (including myself) on my taxes (specify):

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$
This estimate is based on (explain):

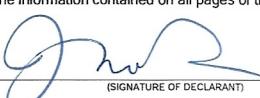
(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: 12/19/2022

Megan Reeves

(TYPE OR PRINT NAME)


(SIGNATURE OF DECLARANT)

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PETITIONER: <u>Megan RLWCS</u>	CASE NUMBER: <u>5:22-cv-02021-SB-MRW</u>
RESPONDENT:	
OTHER PARTY/PARENT/CLAIMANT:	

Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)

5. Income (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes).....	\$ 0	
b. Overtime (gross, before taxes).....	\$ 0	
c. Commissions or bonuses.....	\$ 0	
d. Public assistance (for example: TANF, SSI, GA/GRA) <input type="checkbox"/> currently receiving	\$ 0	
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable*.....	\$ 0	
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership.....	\$ 0	
g. Pension/retirement fund payments.....	\$ 0	
h. Social Security retirement (not SSI).....	\$ 0	
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input checked="" type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance.....	\$ 640	
j. Unemployment compensation.....	\$ 0	
k. Workers' compensation.....	\$ 0	
l. Other (military allowances, royalty payments) (specify):.....	\$ 0	

6. Investment income (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest.....	\$ 0	
b. Rental property income.....	\$ 0	
c. Trust income.....	\$ 0	
d. Other (specify):.....	\$ 0	

7. Income from self-employment, after business expenses for all businesses.....

I am the owner/sole proprietor business partner other (specify):

Number of years in this business (specify):

Name of business (specify):

Type of business (specify):

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.

8. Additional income. I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount):

9. Change in income. My financial situation has changed significantly over the last 12 months because (specify): I became disabled

10. Deductions

	Last month
a. Required union dues.....	\$ 0
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA).....	\$ 0
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount).....	\$ 0
d. Child support that I pay for children from other relationships.....	\$ 0
e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> federally tax deductible*.....	\$ 0
f. Partner support that I pay by court order from a different domestic partnership.....	\$ 0
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g").....	\$ 0

11. Assets

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts.....	\$ 2,15
b. Stocks, bonds, and other assets I could easily sell.....	\$ 0
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)....	\$ 0

* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

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PETITIONER: <u>Megan Reeves</u>	CASE NUMBER: <u>5:22-cv-02021-SB-MRW</u>
RESPONDENT:	
OTHER PARTY/PARENT/CLAIMANT:	

12. The following people live with me:

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a. <u>Logan Reeves</u>	<u>13</u>	<u>son</u>	<u>0</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses	<input type="checkbox"/> Estimated expenses	<input checked="" type="checkbox"/> Actual expenses	<input type="checkbox"/> Proposed needs
a. Home:			
(1) <input checked="" type="checkbox"/> Rent or <input type="checkbox"/> mortgage.....	\$ <u>750</u>		
If mortgage:			
(a) average principal: \$ <u> </u>			
(b) average interest: \$ <u> </u>			
(2) Real property taxes.....	\$ <u>0</u>		
(3) Homeowner's or renter's insurance (if not included above).....	\$ <u>22</u>		
(4) Maintenance and repair.....	\$ <u>55</u>		
b. Health-care costs not paid by insurance.....	\$ <u>0</u>		
c. Child care.....	\$ <u>0</u>		
d. Groceries and household supplies.....	\$ <u>500</u>		
e. Eating out.....	\$ <u>0</u>		
f. Utilities (gas, electric, water, trash).....	\$ <u>100</u>		
g. Telephone, cell phone, and e-mail.....	\$ <u>60</u>		
h. Laundry and cleaning..... \$ <u>80</u>			
i. Clothes..... \$ <u>0</u>			
j. Education..... \$ <u>0</u>			
k. Entertainment, gifts, and vacation..... \$ <u>0</u>			
l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)..... \$ <u>200</u>			
m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)..... \$ <u>25</u>			
n. Savings and investments..... \$ <u>0</u>			
o. Charitable contributions..... \$ <u>0</u>			
p. Monthly payments listed in item 14 (itemize below in 14 and insert total here)..... \$ <u>809</u>			
q. Other (specify): \$ <u>0</u>			
r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ <u>2601.00</u>			
s. Amount of expenses paid by others \$ <u>0</u>			

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
<u>Capital one</u>	<u>Credit card debt</u>	\$ <u>0</u>	\$ <u>342</u>	<u>September 2021</u>
<u>Credit one</u>	<u>Credit card debt</u>	\$ <u>0</u>	\$ <u>467</u>	<u>September 2021</u>
		\$ <u> </u>	\$ <u> </u>	
		\$ <u> </u>	\$ <u> </u>	
		\$ <u> </u>	\$ <u> </u>	

15. Attorney fees (This information is required if either party is requesting attorney fees):

- To date, I have paid my attorney this amount for fees and costs (specify): \$ 0
- The source of this money was (specify): pro se, because I can't afford an attorney
- I still owe the following fees and costs to my attorney (specify total owed): \$
- My attorney's hourly rate is (specify):

I confirm this fee arrangement.

Date: 12/15/2022
Megan Reeves
 (TYPE OR PRINT NAME)


 (SIGNATURE OF DECLARANT)